PRINTED: 12/22/2014 FORM APPROVED OMB NO. 0938-0391

| 1 | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ' ' | | CONSTRUCTION 1, 02, 03, 04, 05, 06 | | SURVEY PLETED |
|--------------------------|--|---|-------------------|-------|---|-----|----------------------------|
| | | 150045 | B. WING | | | | R /21/2014 |
| NAME OF P | ROVIDER OR SUPPLIER | | | 1: | TREET ADDRESS, CITY, STATE, ZIP CODE 316 E SEVENTH ST JUBURN, IN 46706 | 11/ | 21/2014 |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY) | | (X5) COMPLETION DATE |
| {K 000} | Code Recertification conducted on 09/30/conducted by the Ind Health in accordance Survey Date: 11/21/cFacility Number: 005 Provider Number: 15 AIM Number: 10026 Surveyors: Amy Kell Specialist At this Life Safety Cowas found in complia Participation in Medic Subpart 482.41(b), Li 2000 edition of the N Association (NFPA) 10 Dekalb Health is comin Auburn, IN (Building 02), a Rehaladdition (Building 03) Emergency Room and (Building 04), Butler (05), and Garrett Clini Dekalb Health's main three story fully sprin (332) construction and | it (PSR) to the Life Safety and State Licensure Survey 14 through 10/02/14 was iana State Department of with 42 CFR 483.70(a). 14 5941 50045 9460A ey, Life Safety Code de survey, Dekalb Health nce with Requirements for care/Medicaid, 42 CFR ife Safety from Fire and the ational Fire Protection 101, Life Safety Code (LSC). aprised of the main hospital ig 01), a Surgical addition ibilitation and Obstetrics | {K (| 0000} | DEFICIENCY) | | |
| LABORATORY | 19, Existing Health C 01 provides overnigh | was surveyed with Chapter are occupancies. Building t care. Building 01 has a | JRF | | TITLE | | (X6) DATE |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

| | DF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | PLE CONSTRUCTION G 01, 02, 03, 04, 05, 06 | (X3) DATE SURVEY COMPLETED |
|--------------------------|--|--|---------------------|--|----------------------------|
| | | 150045 | B. WING _ | | 11/21/2014 |
| NAME OF P | ROVIDER OR SUPPLIER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706 | , |
| (X4) ID PREFIX TAG | (EACH DEFICIEN | STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY) | LD BE COMPLETION |
| {K 000} | of this survey. The 2008 Surgical a story fully sprinklered construction with a detection in the corridors was surved Health Care Occupation. The 2001 Rehabilita Building 03, is a throbuilding of Type I (3 alarm system with scorridors and space surveyed with Chap Occupancies. The 2011 Emergence extension, Building sprinklered building with a fire alarm system corridors and space surveyed with Occupancies. Butler Clinic, Building sprinklered building with a fire alarm system corridors and space surveyed with Occupancies. Butler Clinic, Building sprinklered building of provides business hours. Garrett Clinic, Building of provides business hours. Garrett Clinic, Building of provides business hours. | addition, Building 02, is a three ed building of Type I (332) fire alarm system with smoke ridors and spaces open to the yed with Chapter 18, New ancies. ation and Obstetrics addition, see story fully sprinklered (32) construction with a fire smoke detection in the es open to the corridors was ofter 19, Existing Health Care by Room and Radiology 04, is a two story fully of Type I (332) construction in the stem with smoke detection in the corridors Chapter 18, New Health Care | {K 00 | | |

| | TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 01, 02, 03, 04, 05, 06 | | ' ' | X3) DATE SURVEY COMPLETED | | | |
|--------------------------|---|--|--------------------|------------------------------|--|---|----------------------------|
| | | 150045 | B. WING | | | | ⋜ 21/2014 |
| NAME OF P | ROVIDER OR SUPPLIER | | ' | 1 | STREET ADDRESS, CITY, STATE, ZIP CODE 316 E SEVENTH ST AUBURN, IN 46706 | 1 | 21/2014 |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFI TAG | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | | (X5) COMPLETION DATE |
| {K 000} | business hours. Quality Review by Decode Specialist on 17 A Post Survey Revisi Code Recertification aconducted on 09/30/1 conducted by the Inditealth in accordance Survey Date: 11/21/1 Facility Number: 005 Provider Number: 15 AIM Number: 100268 Surveyors: Amy Kelle Specialist At this PSR survey, Ecompliance with Required Medicare/Medicaid, 4 Life Safety from Fire 2 National Fire Protecti Life Safety Code (LSC Dekalb Health is comin Auburn, IN (Building 01), a Reha addition (Building 02), a Reha addition (Building 03) Emergency Room an (Building 04), Butler (05), and Garrett Clinic The 2001 Rehabilitati Building 03, is a three | ennis Austill, Life Safety 1/25/14. It (PSR) to the Life Safety and State Licensure Survey 14 through 10/02/14 was iana State Department of with 42 CFR 483.70(a). 14 1941 10045 19460A ey, Life Safety Code Dekalb Health was found in uirements for Participation in 12 CFR Subpart 482.41(b), and the 2000 edition of the on Association (NFPA) 101, C). prised of the main hospital g 01), a Surgical addition bilitation and Obstetrics , an Extension to the d a Radiology addition Clinic in Butler, IN (Building c in Garrett, IN (Building 06). Ion and Obstetrics addition, e story fully sprinklered 2) construction with a fire | {K 0 | 000} | | | |

| | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ' ' | TIPLE CONSTRUCTION NG 01, 02, 03, 04, 05 , | | (X3) DATE S | |
|--------------------------|---|---|--------------------|--|--|---------------|----------------------------|
| | | 150045 | B. WING | | | 11/2 | 21/2014 |
| NAME OF P | ROVIDER OR SUPPLIER | | | STREET ADDRESS, 1316 E SEVENTH AUBURN, IN 46 | | <u> 11/2</u> | 172014 |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFI TAG | (EACH | OVIDER'S PLAN OF CORRECTION H CORRECTIVE ACTION SHOULD BI REFERENCED TO THE APPROPRIA DEFICIENCY) | | (X5) COMPLETION DATE |
| {K 000} | surveyed with Chapte Occupancies. Quality Review by De Code Specialist on 1 A Post Survey Revise Code Recertification conducted on 09/30/conducted by the Ind Health in accordance Survey Date: 11/21/Facility Number: 005 Provider Number: 15 AIM Number: 10026 Surveyors: Amy Kell Specialist At this PSR survey, Ecompliance with Req Medicare/Medicaid, A Life Safety from Fire National Fire Protecti Life Safety Code (LS Dekalb Health is comin Auburn, IN (Building 02), a Reha addition (Building 03) Emergency Room and (Building 04), Butler (05), and Garrett Clinic Butler Clinic, Building nonsprinklered building onsprinklered building Oscience of the control of the | ennis Austill, Life Safety 1/25/14. iit (PSR) to the Life Safety and State Licensure Survey 14 through 10/02/14 was iiana State Department of with 42 CFR 483.70(a). 14 5941 50045 9460A ley, Life Safety Code Dekalb Health was found in uirements for Participation in 12 CFR Subpart 482.41(b), and the 2000 edition of the ion Association (NFPA) 101, C). apprised of the main hospital and 01), a Surgical addition abilitation and Obstetrics begin and a Radiology addition Clinic in Butler, IN (Building ic in Garrett, IN (Building ic | {K 0 | 00} | | | |

| | DF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | E CONSTRUCTION 11, 02, 03, 04, 05, 06 | (X3) DATE COMP | SURVEY LETED |
|--------------------------|---|--|--------------------|------|--|-------------------|----------------------------|
| | | 150045 | B. WING | | | | ₹ |
| NAME OF PI | ROVIDER OR SUPPLIER | 1990 19 | | 1 | STREET ADDRESS, CITY, STATE, ZIP CODE 316 E SEVENTH ST AUBURN, IN 46706 | <u> 117.</u> | 21/2014 |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFI TAG | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | | (X5) COMPLETION DATE |
| {K 000} | Chapter 39, Existing Building 05 provides a business hours. Quality Review by De Code Specialist on 11 A Post Survey Revisi Code Recertification a conducted on 09/30/1 conducted by the Indi Health in accordance Survey Date: 11/21/1 Facility Number: 005 Provider Number: 15 AIM Number: 100269 Surveyors: Amy Kelle Specialist At this PSR survey, Decompliance with Required Medicare/Medicaid, 4 Life Safety from Fire a National Fire Protectic Life Safety Code (LSG) Dekalb Health is commin Auburn, IN (Building 02), a Reha addition (Building 03) Emergency Room an (Building 04), Butler Code (Bod) | lors was surveyed with Business Occupancies. a health clinic during regular sennis Austill, Life Safety 1/25/14. It (PSR) to the Life Safety and State Licensure Survey 1/4 through 10/02/14 was iana State Department of with 42 CFR 483.70(a). It 1/20/21/21/21/21/21/21/21/21/21/21/21/21/21/ | {K C | 000} | | | |

| | OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 ' ' | | | (X3) DATE COMP | SURVEY |
|--------------------------|---|---|--------------------|--------|---|-------------------|----------------------------|
| | | 150045 | B. WING | | | | R 21/2014 |
| NAME OF PE | ROVIDER OR SUPPLIER | | | 1316 I | ET ADDRESS, CITY, STATE, ZIP CODE E SEVENTH ST URN, IN 46706 | 1 11/ | 21/2014 |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFI TAG | × | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | | (X5) COMPLETION DATE |
| {K 000} | detection in the corrid Chapter 39, Existing I Building 06 provides a business hours. | e alarm system with smoke ors was surveyed with Business Occupancies. a health clinic during regular | {K 0 | 00} | | | |
| {K 000} | Code Specialist on 11 INITIAL COMMENTS | | {K 0 | 00} | | | |
| | Code Recertification a conducted on 09/30/1 conducted by the Indi | t (PSR) to the Life Safety and State Licensure Survey 4 through 10/02/14 was ana State Department of with 42 CFR 483.70(a). | | | | | |
| | Survey Date: 11/21/1 Facility Number: 005 Provider Number: 15 AIM Number: 100269 | 941 0045 | | | | | |
| | Surveyors: Amy Kelle Specialist | ey, Life Safety Code | | | | | |
| | compliance with Requ Medicare/Medicaid, 4 Life Safety from Fire a | rekalb Health was found in uirements for Participation in 2 CFR Subpart 482.41(b), and the 2000 edition of the on Association (NFPA) 101, C). | | | | | |
| | in Auburn, IN (Building (Building 02), a Rehal addition (Building 03) Emergency Room and | prised of the main hospital g 01), a Surgical addition bilitation and Obstetrics , an Extension to the d a Radiology addition Clinic in Butler, IN (Building | | | | | |

| | OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 ' ' | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 , 02 , 03 , 04 , 05 , 06 | | COMF | X3) DATE SURVEY COMPLETED | |
|--------------------------|--|--|--------------------|---|--|--------------|------------------------------|--|
| | | 150045 | B. WING | | | l | R 24/2044 | |
| NAME OF P | ROVIDER OR SUPPLIER | 100040 | | STREET AD 1316 E SEV | | <u> 117</u> | 21/2014 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFI TAG | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY) | | (X5) COMPLETION DATE | |
| {K 000} | 05), and Garrett Clinic The 2008 Surgical ad story fully sprinklered construction with a fir detection in the corric corridors was surveyed Health Care Occupar Quality Review by Decode Specialist on 17 A Post Survey Revisic Code Recertification acconducted on 09/30/1 conducted by the Indit Health in accordance Survey Date: 11/21/1 Facility Number: 005 Provider Number: 15 AIM Number: 100269 Surveyors: Amy Kelle Specialist At this PSR survey, Ecompliance with Requive Medicare/Medicaid, 4 Life Safety from Fire: National Fire Protectic Life Safety Code (LSG) Dekalb Health is comin Auburn, IN (Building 02), a Reha addition (Building 03) Emergency Room and | dition, Building 02, is a three building of Type I (332) e alarm system with smoke lors and spaces open to the ed with Chapter 18, New ncies. Innis Austill, Life Safety 1/25/14. t (PSR) to the Life Safety and State Licensure Survey 4 through 10/02/14 was ana State Department of with 42 CFR 483.70(a). 4 941 0045 9460A ey, Life Safety Code Dekalb Health was found in uirements for Participation in 2 CFR Subpart 482.41(b), and the 2000 edition of the on Association (NFPA) 101, C). prised of the main hospital g 01), a Surgical addition bilitation and Obstetrics | {K 0 | 00} | | | | |

| | OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 1 | TIPLE CONSTRUCTION NG 01, 02, 03, 04, 05, 06 | | (X3) DATE SURVEY COMPLETED |
|--------------------------|--|---|--------------------|--|--|----------------------------|
| | | 150045 | B. WING | | | R 11/21/2014 |
| NAME OF P | ROVIDER OR SUPPLIER | 10000 | | STREET ADDRESS, CITY, S 1316 E SEVENTH ST AUBURN, IN 46706 | STATE, ZIP CODE | 11/21/2014 |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFI TAG | (EACH CORR | R'S PLAN OF CORRECTION RECTIVE ACTION SHOULD BE RENCED TO THE APPROPRIA DEFICIENCY) | |
| {K 000} | The 2011 Emergency extension, Building 0-sprinklered building owith a fire alarm system the corridors and spawas surveyed with Cl Occupancies. | c in Garrett, IN (Building 06). Note Room and Radiology 4, is a two story fully of Type I (332) construction om with smoke detection in oces open to the corridors hapter 18, New Health Care onnis Austill, Life Safety | {K C | 00} | | |